

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 23rd September 2015

Title and Author of Paper: Performance Report (Month 5).
Lisa Quinn, Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework - Governance risk rating Green (lowest risk) and Continuity of Services Risk Rating of 4 as at August 2015. A summary of recent changes to the Risk Assessment Framework is on page 4 of the report (pages 3-5)
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at 2015/2016 quarter 1 (page 6)
- Quality Dashboard – at M5 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety. Six CQUIN schemes and four quality priorities have been RAG rated amber as at month 5. (page 7).
- Waiting Times – the format of the waiting times reporting by CCG has been simplified with one page per CCG. Performance against the two week EIP standard has improved in the month and there remains continued pressure on CYPS waiting times in many CCG areas, this is being managed via the CYPS TIG. (pages 8-14)
- Workforce Dashboard – JDR/PDP rates have increased by 0.4% in August to 84.4% however this continues to be below the expected minimum of 90%. Sickness absence has slightly increased to 5.0% in August from 4.93% in July. Safeguarding adults training is now at 89.1% across the Trust. (page 15)
- Finance Dashboard - At Month 5, the Trust had a risk rating of 4 and a surplus of £4.7m which was £1.6m ahead of plan. The Trust currently expects to deliver £1.5m more than its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 5 was £24.4m which was £8.6m above plan due mainly to the surplus being higher than plan and capital spend being below plan. The year-end cash balance is currently forecast to be slightly above plan. (page 16)
- Contract performance – dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 5.(page 17-22)

Outcome required: To note information



Integrated Performance And Assurance Report

Shining a light on the future



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1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 1 position	Current position (m5)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Finance Risk Rating		4	4		—	4
Referral to treatment waiting times - non-admitted	95%	99.4%	100.0%	●	—	100.0%
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	—	100.0%
CPA 7 day follow up	95%	99.1%	98.1%	●	▼	99.0%
CPA review within 12 months	95%	96.7%	96.5%	●	—	96.5%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.8%	2.6%	●	▲	2.8%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%	●	—	100.0%
EIP treatment within 2 weeks of referral*	50%	18.8%	36.0%	●	▲	20.0%
IAPT treatment within 6 weeks of referral**	75%	97.2%	95.7%	●	▲	95.5%
IAPT treatment within 18 weeks of referral**	95%	100.0%	100.0%	●	—	100.0%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	—	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	92.4%	92.3%	●	▼	92.4%
Self certification against LD access requirements	Green	Green	Green	●	—	Green
Clostridium Difficile - meeting the C Diff objective	0	0	0	●	—	0
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	●	—	●
CQC compliance action outstanding	No	No	No	●	—	●
CQC enforcement action within the last 12 months	No	No	No	●	—	●
CQC enforcement action currently in effect	No	No	No	●	—	●
Moderate CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	—	●
Major CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	—	●
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	No	No	●	—	●

At Month 5 all current Monitor Risk Assessment Framework governance requirements have been met.

* EIP data for information only - to be reported to Monitor from Q4 2015/16
nb the EIP data does not yet include patients over the age of 35

** IAPT data for information only - to be reported to Monitor from Q3 2015/16

●	Meeting Monitor target
●	Breaching Monitor target
▲	Trend improved from previous month
—	Trend the same as previous month
▼	Trend worse than previous month

See next page for a summary of recent changes to the Monitor Risk Assessment Framework

Changes to the Monitor Risk Assessment Framework

Monitor has recently made the changes to its Risk Assessment Framework (RAF) in response to the increasingly challenging financial context facing the NHS. A summary of the key changes follows, these are intended to strengthen Monitor's regulatory regime to help foundation trusts live within their means and support improvements in financial efficiency.

Introduction of a financial sustainability risk rating

Monitor is replacing the previously used 'continuity of service risk' rating with a 'financial sustainability risk rating', using measures including liquidity, capital servicing capacity, income & expenditure margins and variance from plan.

Introduction of monthly reporting

From July 2015, Monitor has increased the frequency of financial data collection to monthly, with financial and governance ratings continuing to be published on a quarterly basis. The intention is to allow Monitor to identify areas of concern sooner and board sign off is not needed for the monthly submission.

Value for money governance measure

Monitor is introducing a measure to assess whether foundation trusts are delivering value for money. If a provider demonstrates actual or likely inefficient or uneconomical spend compared to published benchmarks or other evidence, an investigation may be triggered - for example, Monitor may look at whether a foundation trust is adhering to good practice regarding agency and management consultant spend.

Removal of referral to treatment and non-admitted targets

Monitor will not be taking regulatory action on the grounds of failure of admitted and non-admitted referral to treatment targets from June 2015, however the 'referral to treatment wait time – patients on an incomplete pathway' remains.

Changes to the Accounting Officer memorandum

Monitor has updated the accounting officer memorandum to strengthen the requirement to consider value for money. If a foundation trust is found not to have delivered on the value for money commitments set out within the memorandum, the accounting officer may be required to appear before the Public Accounts Committee to provide an explanation on why the commitments have not been met.

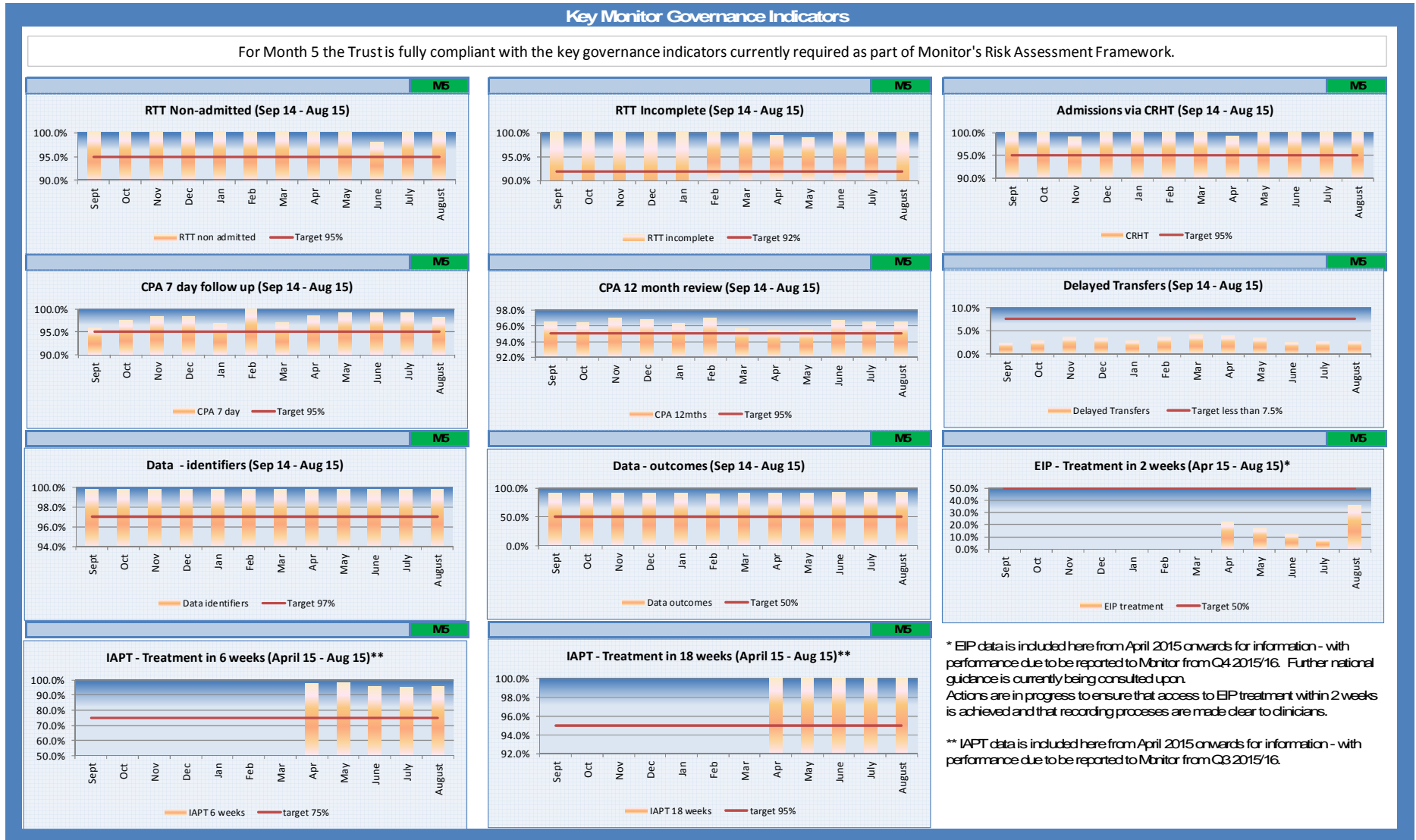
Impact on Foundation Trusts

These changes to the RAF seek to reverse the rapid decline in financial performance within the sector however along with other recent policy announcements (eg caps on agency spending and controls on very senior manager pay) they also signal a more interventionist approach. The changes may result in an increased number of regulatory investigations at providers which are historically well-led and are currently facing financial difficulties due to systemic issues that are often beyond their control. It is hoped that Monitor will take a pragmatic view when considering how to respond to a trigger and will consider all the factors that may affect its financial position.

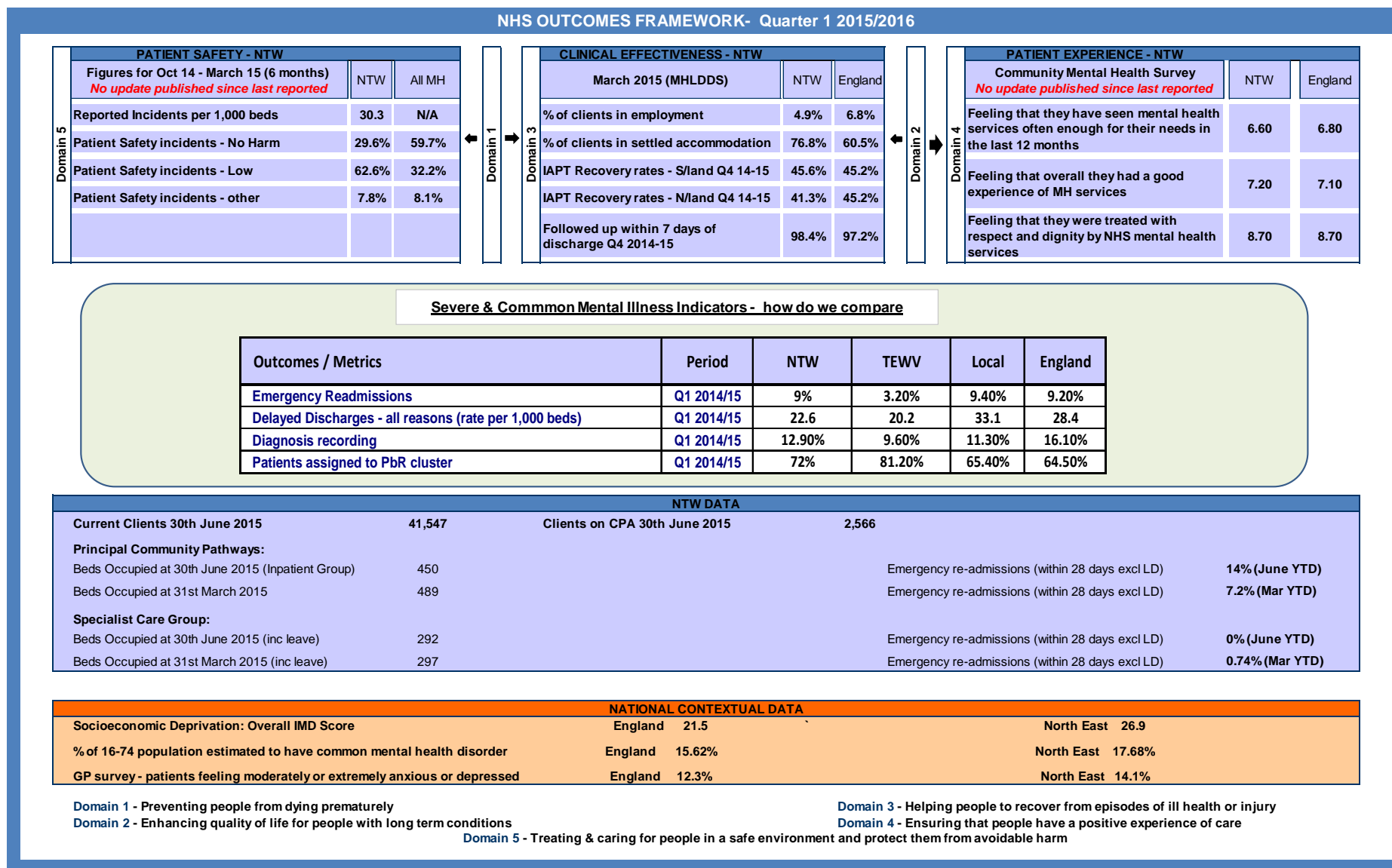
Impact on NTW

The introduction of the new financial sustainability risk rating in itself would not change the Trust's planned risk rating. However, the changes also introduce an over-ride that a Trust's overall rating is capped at a 2 if any individual metric is rated as a 1. The Trust's planned capital service capacity rating is a 1 this year, so if the Trust was delivering its planned surplus of £2m its rating would drop to a 2 which could potentially result in a Monitor investigation. The current forecast surplus for the year is £3.5m which just achieves a capital service capacity rating of 2. This together with the Trust's forecast I&E margin being ahead of plan means the Trust's forecast overall rating is currently a 4. A quirk of the new rating system for the Trust this year is that if the forecast surplus drops below £3.5m our rating will drop straight from a 4 to a 2.

2. Monitor Indicator Trends



3. NHS Outcomes Framework (updated quarterly)



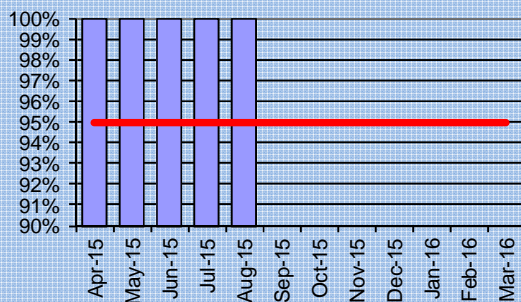
4. Quality Dashboard

Quality Dashboard				
CQC Fundamental Standards	Target	M5 position	Trend	Forecast position
Care and treatment must be appropriate and reflect service users needs and preferences	●	●	●	●
Service users must be treated with dignity and respect	●	●	●	●
Care and treatment must only be provided with consent	●	●	●	●
Care and treatment must be provided in a safe way	●	●	●	●
Service users must be protected from abuse and improper treatment	●	●	●	●
All premises and equipment used must be clean, secure, suitable and used properly	●	●	●	●
Complaints must be appropriately investigated and appropriate action taken in response	●	●	●	●
Systems and processes must be in place to ensure compliance with the fundamental standards	●	●	●	●
Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed	●	●	●	●
Persons employed must be of good character, have necessary qualifications, skills, experience and be able to perform the work for which they are employed (Fit and Proper Persons Test)	●	●	●	●
Registered persons must be open and transparent with service users about their care and treatment (Duty of Candour)	●	●	●	●
Quality Priorities 2015/16 (Internal)	Target	M5 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	—	●
Goal 2 - Improve the way we relate to patients and carers				
1. Greater choice, quality of food and timing of meals to inpatient areas.	●	●	—	●
2. To improve waiting times for multidisciplinary teams	●	●	—	●
3. To improve communication to, and involvement of, carers and families (young carers)	●	●	—	●
Goal 3: Right services are in the right place at the right time for the right person				
1. To continue to embed the Recovery Model	●	●	—	●
2. To increase the recording of diagnosis in community teams	●	●	▲	●
3. To improve recording and use of outcome measures by improving suppression rates of PROMs (SWEMWEBS)	●	●	▲	●
CQUIN 2015/16	Target	M5 position	Trend	Forecast position
Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Physical Healthcare (Sunderland)	●	●	—	●
CYPS waiting times - Northumberland	●	●	—	●
CYPS waiting times - Newcastle & Gateshead	●	●	▼	●
CYPS waiting times - South Tyneside	●	●	▼	●
CYPS waiting times - Sunderland	●	●	▼	●
Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Carers (Sunderland)	●	●	—	●
Liaison (North Tyneside only)	●	●	—	●
NHS ENGLAND only:				
Physical healthcare (NHS England)	●	●	—	●
MH1 Secure services active engagement programme	●	●	—	●
MH3 Deaf recovery package	●	●	—	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	—	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	—	●
Patient Safety Indicators	M5 position			
Number of Serious Incidents	28 <small>source: safety dashboard snapshot</small>			
Number of Complaints	25 <small>source: safety dashboard snapshot</small>			
●	Performance on track and/or improved from previous month			
●	Some improvements needed to achieve target			
●	Not achieving target/performance deteriorating			
▲	Trend improved from previous month			
—	Trend the same as previous month			
▼	Trend worse than previous month			

5. Waiting Times Dashboard

Waiting Times Dashboard - NHS England Commissioned Specialised Services

RTT (Consultant Led Services) - % seen within 18 weeks (Target 95%)



RTT services = neurological rehabilitation and neuropsychiatry

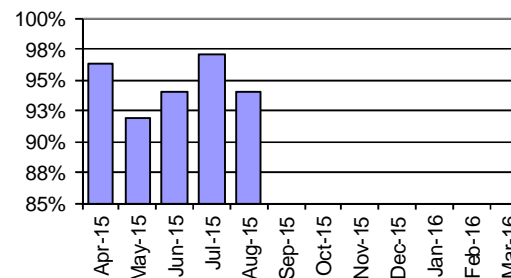
Month 5 narrative:

The RTT standards were achieved in August - nb the % seen standard has recently been retired.

The underperformance in MDT teams relates to neuro psychology activity (not classed as RTT).

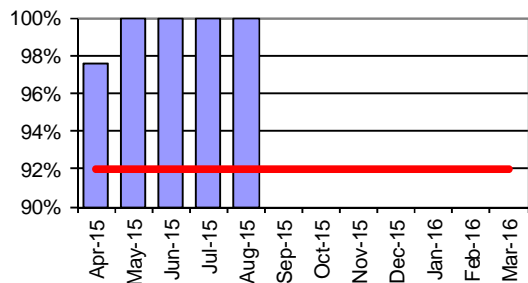
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list is expected to continue to increase while the plan is being implemented and currently stands at 345

Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)

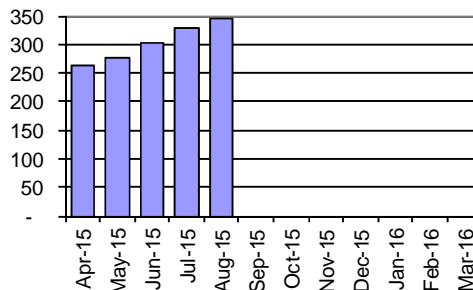


^^ MDT wait data excludes gender dysphoria

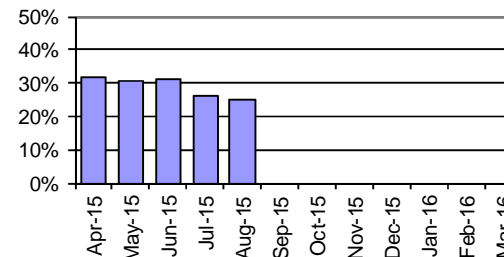
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



Gender Dysphoria - Total waiting list at the end of the month



Gender Dysphoria waiting list - % waiting less than 18 weeks at the end of the month



Month 5 narrative:

The RTT, IAPT and EIP waiting times standards were achieved in the month.

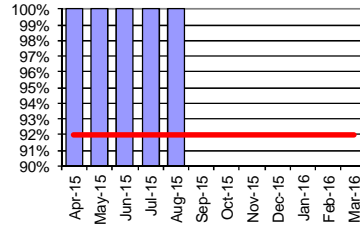
The EIP 2 week standard was achieved in August (four patients from seven treated within two weeks). Further national guidance is currently being consulted upon.

Waiting time by cluster for patients entering treatment in the quarter is included below.

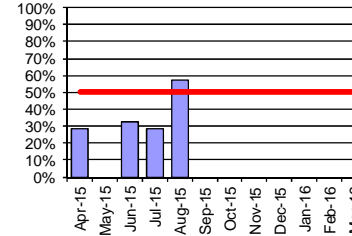
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

CYPs incomplete waiting times are continuing to deteriorate, this is being managed via the CYPs TIG. The number of throughput waiters has now been reduced to zero ahead of the CQUIN deadline of 30/9/15.

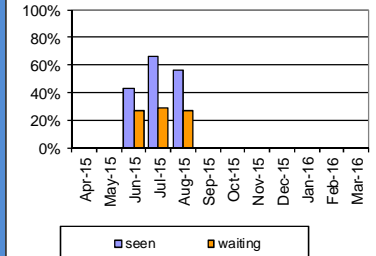
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



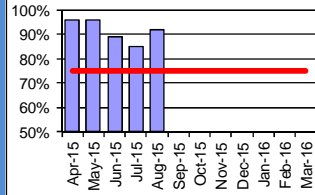
EIP - % seen in treatment within 2 weeks (Target 50%)



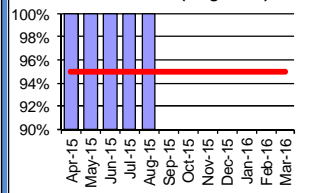
Adult ADHD % seen in the month & % waiting at the end of the month



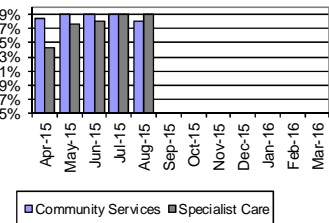
Adult IAPT - % seen in treatment within 6 weeks (Target 75%)



Adult IAPT - % seen in treatment within 18 weeks (Target 95%)



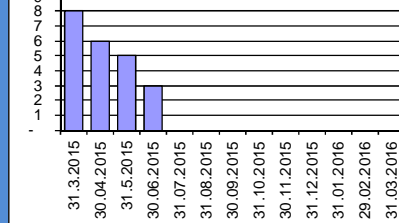
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



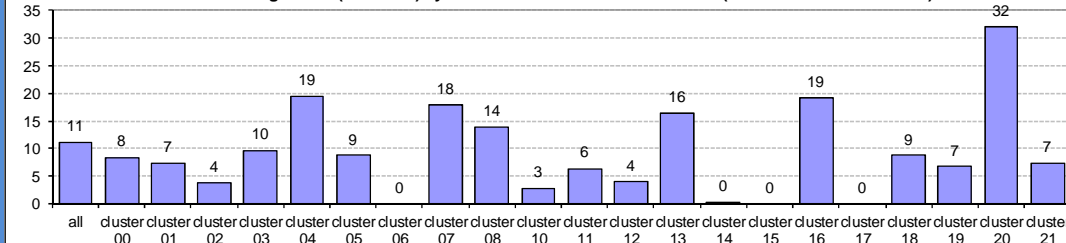
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



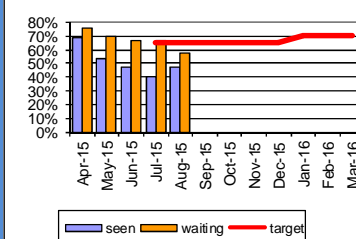
Number of CYPs Throughput Waiters (to be zero by 30.9.15) **ACHIEVED July 15**



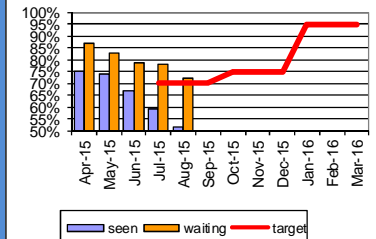
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPs 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPs 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 5 narrative:

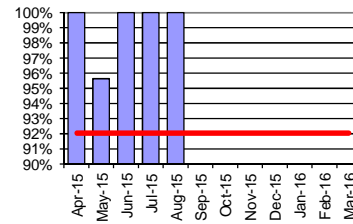
The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved, with none of the three patients entering treatment in July and August within 2 weeks of referral. Further national guidance is currently being consulted upon.

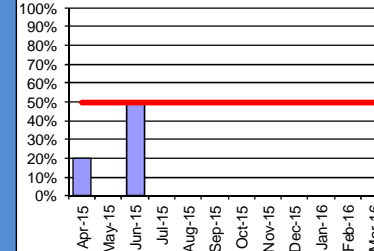
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

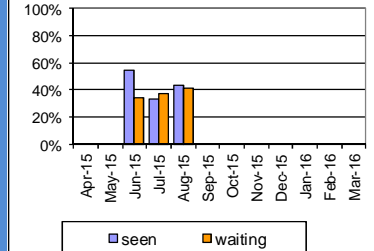
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



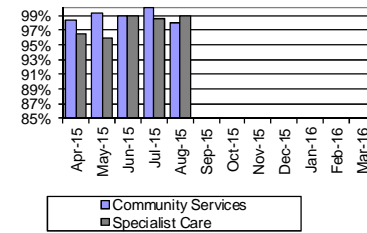
EIP - % seen in treatment within 2 weeks (Target 50%)



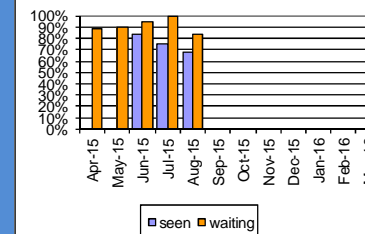
Adult ADHD % seen in the month & % waiting at the end of the month



Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



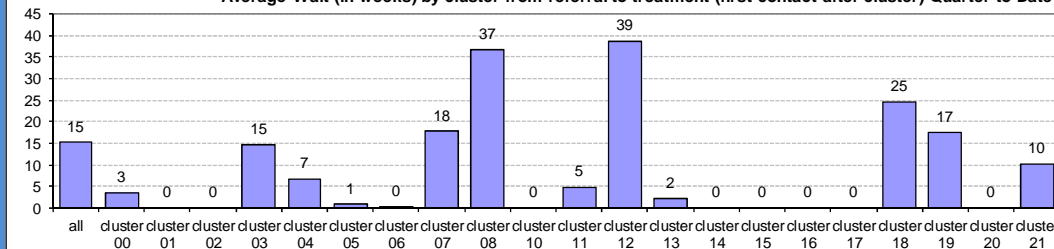
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



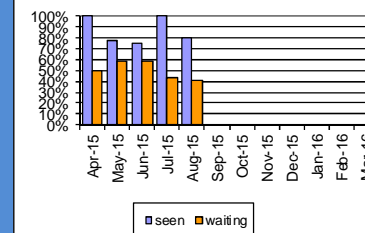
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

The waiting times CQUIN does not apply to North Tyneside CCG and the data provided below is for information only.

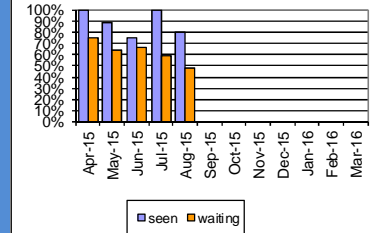
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 5 narrative:

The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved. No patients Newcastle patients entered treatment in August 2015. Further national guidance is being consulted upon.

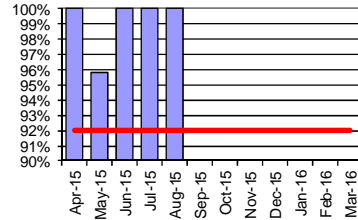
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

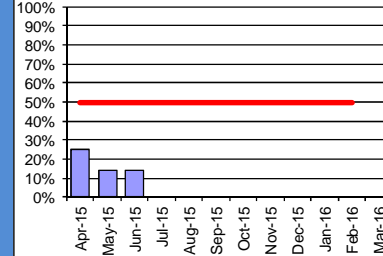
While 94% of the patients on the adult autism diagnosis team waiting list at the end of the month had been waiting less than 18 weeks as of that date, neither of the two new patients seen in the month were seen within 18 weeks of referral.

CYPS waiting times are continuing to deteriorate, this is being managed via the CYPS TIG. There are just two throughput waiters remaining.

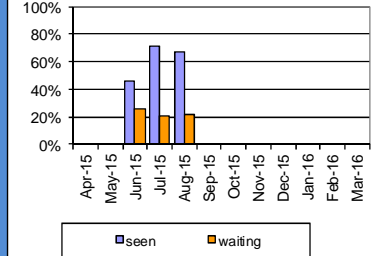
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



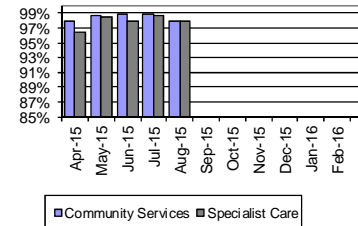
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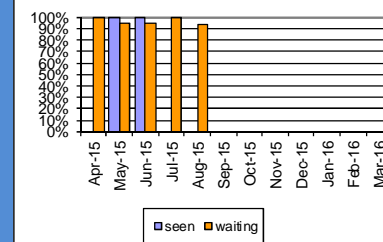
Adult ADHD % seen in the month & % waiting at the end of the month



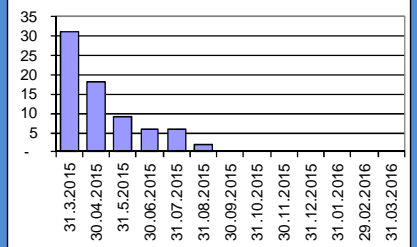
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



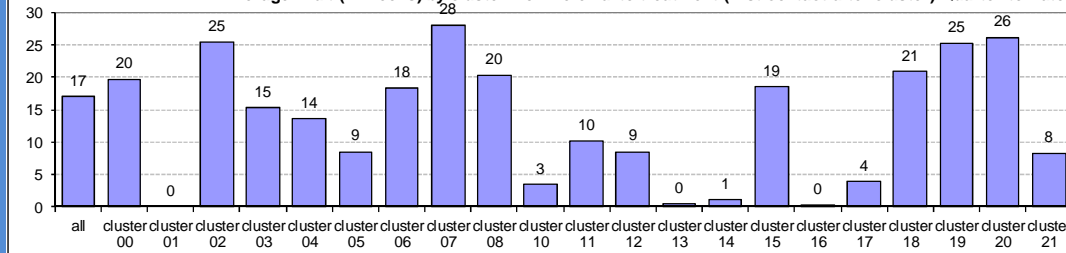
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



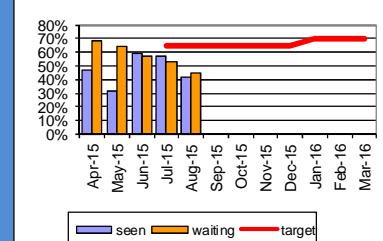
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



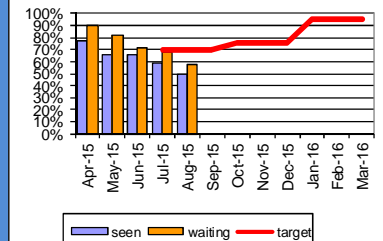
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 5 narrative:

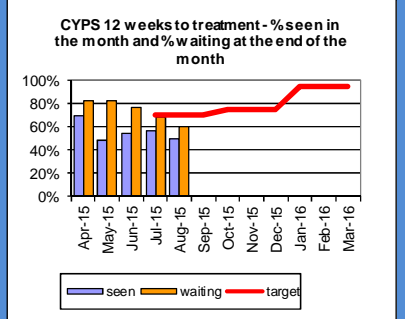
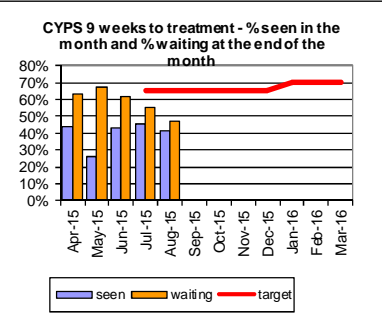
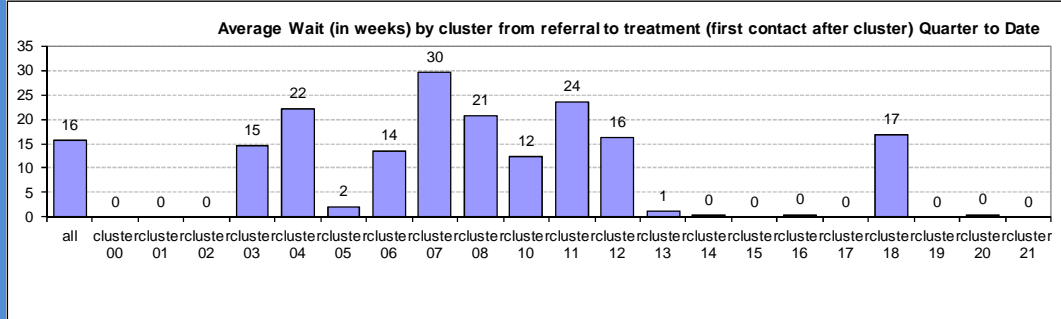
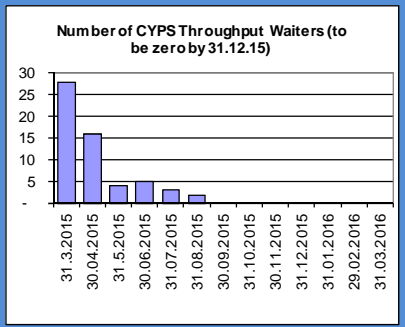
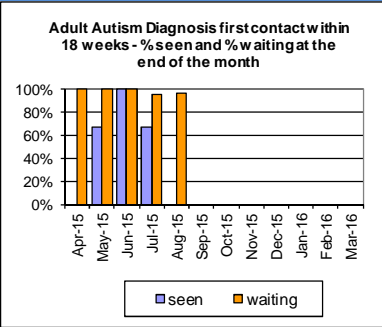
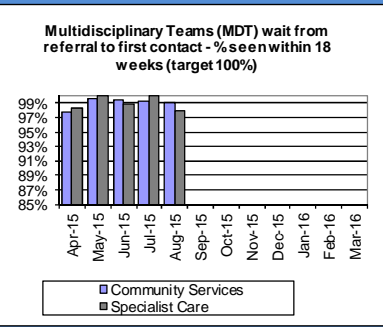
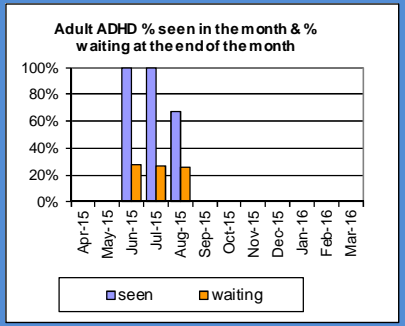
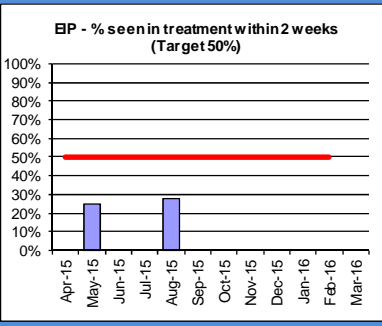
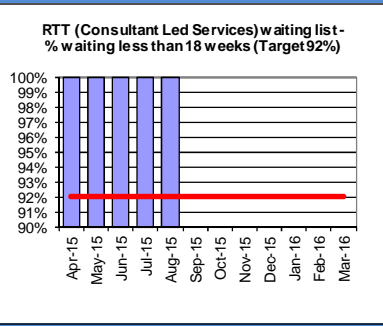
The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved - of seven patients entering treatment in August, two were treated within 2 weeks of referral. Further national guidance is currently being consulted upon.

Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

Adult ADHD waiting times data is included from June onwards, highlighting that most patients on the waiting list have been waiting more than 18 weeks, however two of the three new cases seen in the month had waited less than 18 weeks.

CYPS waiting times are continuing to deteriorate - this is being managed via the CYPS TIG. The throughput waiters have now been reduced to just two.



Month 5 narrative:

The RTT and EIP standards were achieved in the month.

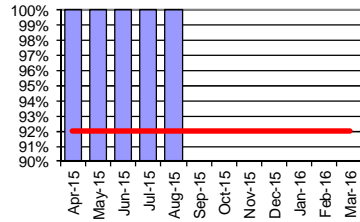
The EIP team saw two new patients in treatment in August, one of these was within the 2 week standard.

Waiting time by cluster for patients entering treatment in the quarter is included below - the reported very long wait for cluster 11 relates to one patient which is being explored further.

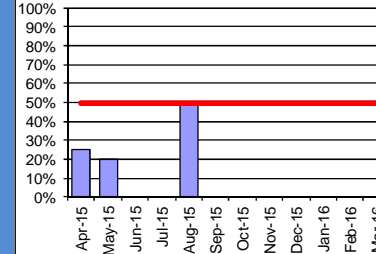
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. One new patient was seen in August 2015, this patient was seen within 18 weeks of referral.

CYPS waiting times are continuing to deteriorate, this is being managed via the CYPS TIG. There are now 68 throughput waiters remaining.

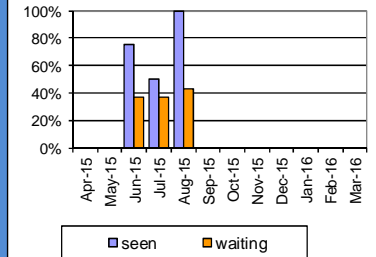
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



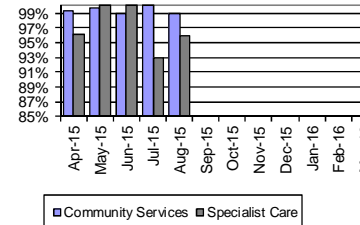
EIP - % seen in treatment within 2 weeks (Target 50%)



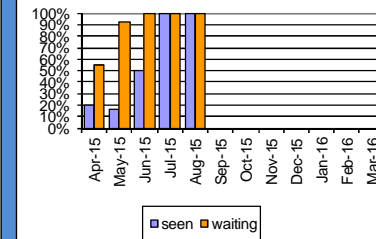
Adult ADHD % seen in the month & % waiting at the end of the month



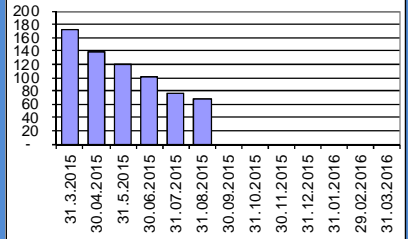
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



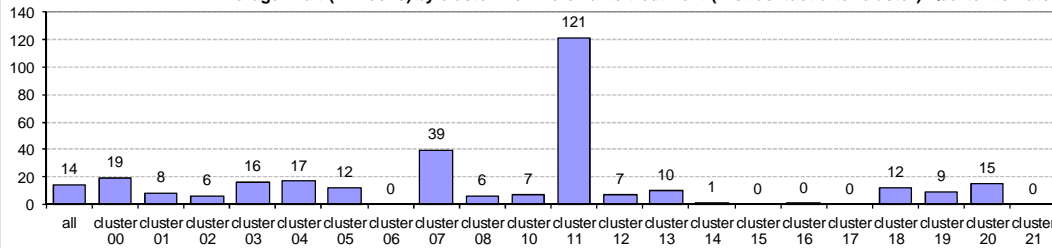
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



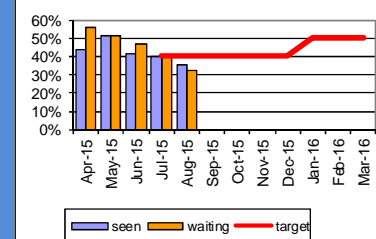
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



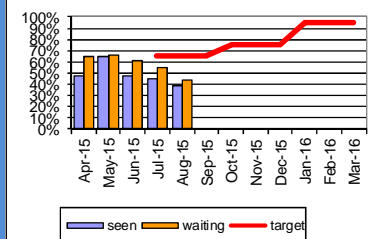
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



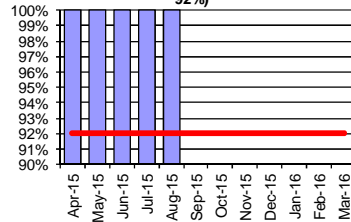
Month 5 narrative:

The RTT standard was achieved in the month. The EIP 2 week standard is not currently achieved. In August 8 patients entered treatment, two of these were within 2 weeks of referral. Further national guidance is currently being consulted upon.

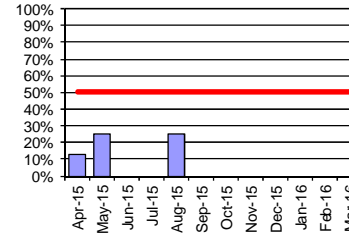
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. None of the adult ADHD or adult Autism Diagnosis patients first seen in August were seen within 18 weeks of referral.

CYPS waiting times are continuing to deteriorate, this is being managed via the CYPS TIG. There are now 94 throughput waiters remaining.

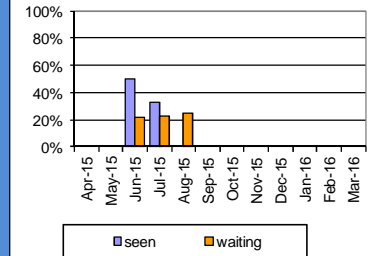
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



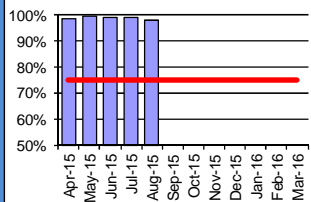
EIP - % seen in treatment within 2 weeks (Target 50%)



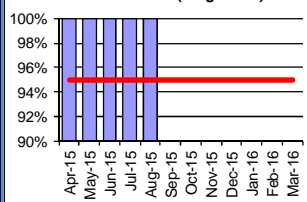
Adult ADHD % seen in the month & % waiting at the end of the month



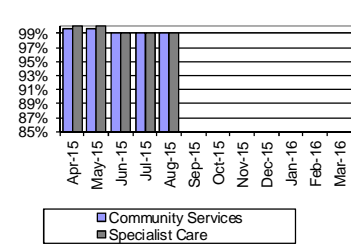
Adult IAPT - % seen in treatment within 6 weeks (Target 75%)



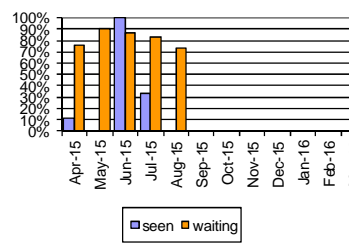
Adult IAPT - % seen in treatment within 18 weeks (Target 95%)



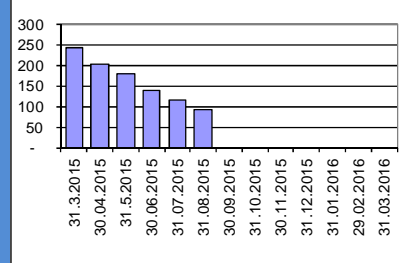
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



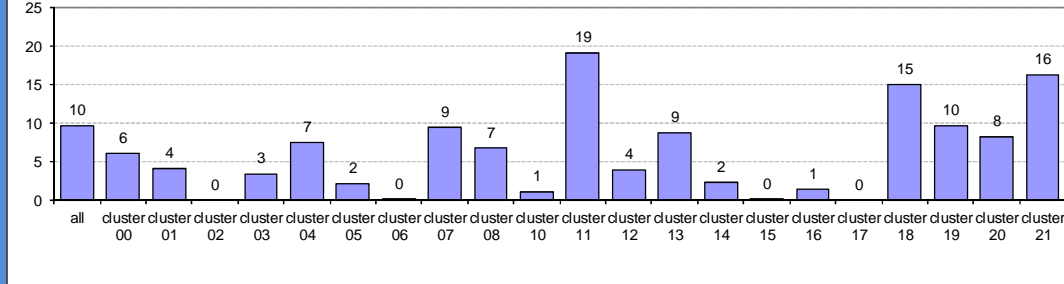
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



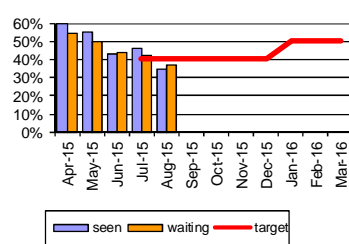
Number of CYPS Throughput Waiters (to be zero by 31.12.2015)



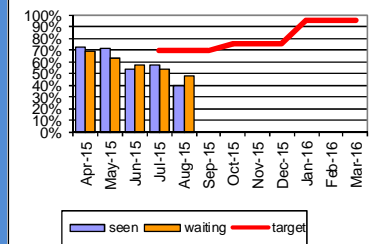
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



6. Workforce Dashboard

Workforce Dashboard

Statutory and Mandatory Training	Target	M5 position	Trend	Forecast position
Fire Training	90%	89.7%	● ▲	90%
Health and Safety Training	90%	94.4%	● ▲	94%
Moving and Handling Training	90%	95.7%	● ▲	95%

Behaviours and Attitudes	Target	M5 position	Trend	Forecast position
Appraisals	90%	84.4%	● ▲	85%
Disciplinarys (new cases since 1/4/15)		58	● —	
Grievances (new cases since 1/4/15)		18	● —	

Job Related Essential Training	Target	M5 position	Trend	Forecast position
Clinical Risk Training	90%	90.5%	● ▲	91%
Clinical Supervision Training	90%	83.2%	● ▼	85%
Safeguarding Children Training	90%	91.0%	● ▼	90%
Safeguarding Adults Training	90%	89.1%	● ▼	90%
Equality and Diversity Introduction	90%	92.1%	● ▲	91%
Hand Hygiene Training	90%	91.2%	● ▲	91%
Medicines Management Training	90%	85.6%	● ▲	86%
Rapid Tranquilisation Training	90%	83.3%	● ▼	84%
MHCT Clustering Training	90%	91.4%	● ▼	92%
Mental Capacity Act Training	90%	81.5%	● ▼	82%
Mental Health Act Training	90%	81.7%	● ▼	82%
Deprivation of Liberty Training	90%	82.2%	● ▼	83%
Seclusion Training	90%	93.8%	● ▲	94%
Dual Diagnosis Training (80% target)	80%	86.9%	● —	87%
PMVA Basic Training	90%	80.0%	● ▼	81%
PMVA Breakaway Training	90%	71.3%	● ▲	72%
Information Governance Training	90%	88.3%	● ▲	90%
Records and Record Keeping Training	90%	98.1%	● ▲	98%

Recruitment, Retention & Reward	Target	M5 position	Trend	Forecast position
Corporate Induction	100%	100.0%	● —	100%
Local Induction	100%	92.3%	● ▲	93%
Staff Turnover	<10%	8.5%	● ▼	<10%
Current Headcount		5982	NA	NA

Managing Attendance	Target	M5 position	Trend	Forecast position
In Month sickness	<5%	5.00%	● ▼	
Short Term sickness (rolling)		1.60%		
Long Term sickness (rolling)		4.16%		
Average sickness (rolling)	<5%	5.76%	● ▲	

Best Use of Resources	Target	M5 position	Trend	Forecast position
Agency Spend		£1,331,000	● ▼	
Admin & Clerical Agency (included in above)		£152,000	● ▲	
Overtime Spend		£248,000	● ▼	
Bank Spend		£699,000	● ▲	

●	Performance at or above target
●	Performance within 5% of target
●	Under-performance greater than 5%

▲	Trend improving on previous month
—	Trend the same as previous month
▼	Trend worse than previous month

7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(4,720)	(3,500)
EBITDA	(9,720)	(15,742)
Capital Spend/CRL	3,941	22,041
Efficiency Plan	3,101	10,054

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	2.39x	3
Liquidity Ratio	17.9 days	4
I&E Margin	3.66%	4
I&E Margin Variance	3.14%	4
Overall Rating		4

Key Issues

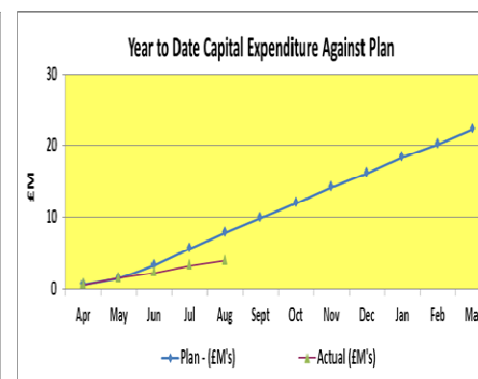
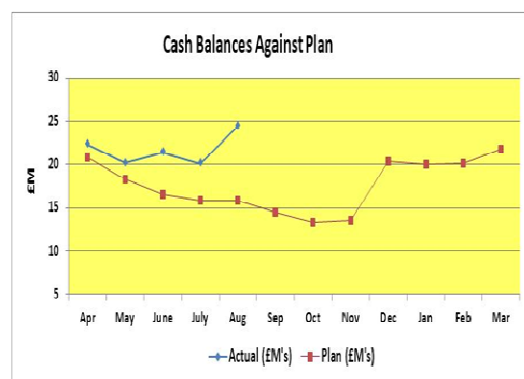
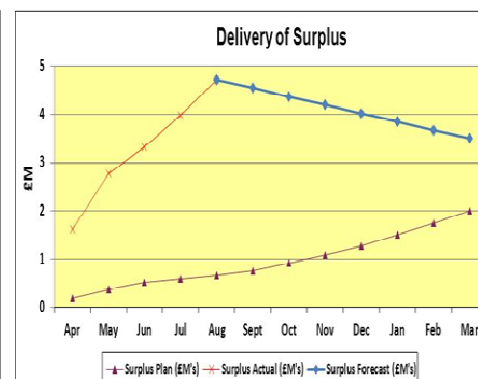
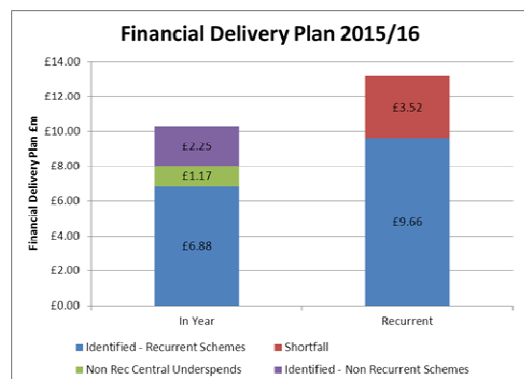
- Risk rating is a 4 & I&E position is above plan at Month 5
- Year-end forecast rating is a 4 & forecast surplus is £1.5m above plan.
- The main pressures/risks to delivery are staff overspends in In-Patient Care and Specialist Care and achieving FDP savings.
- Cash position is above plan at Month 5 and the forecast is also slightly above plan.

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	189	1,198
Community Services	(314)	(502)
Specialist Care	467	1,918
Indirect/Support Services Costs	(1,638)	(2,153)
Other/Reserves	(182)	(1,960)
Cost of Capital	(101)	0

Balance Sheet

Key Indicators	Current	Forecast
Cash	£24.4m	Green
Loans Drawn	£4.2m	Green
Loans Forecast	£15.8m	Green
Current Ratio	1.6	Green
BPPC	95.0%	Green



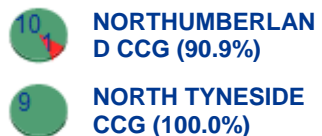
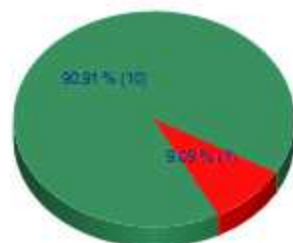
8. Contract Summary Dashboards

NTW Quality and Performance
Group: North
Period: 2015/16 August

Northumberland, Tyne and Wear 
NHS Foundation Trust

Target Achievement in this period

Under Achievement Achievement



Comments:

The underperformance in August for 7 day follow up related to two patients who both refused to engage with services.

Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE CCG	Overall
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	90.5% 	100.0% 	93.3% 

Report Date: 07/09/2015 10:00:45

Target Achievement in this period



- 9 GATESHEAD CCG (100.0%)
- 9 NEWCASTLE CCG (100.0%)

Comments:

All targets were met in August

Areas for improvement

Metric ID	Ref	Metric Name
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Report Date: 07/09/2015 10:00:54

Target Achievement in this period

 SOUTH TYNESIDE CCG (100.0%)



Comments:
All targets were met in August

Areas for improvement

Metric ID	Ref	Metric Name
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Report Date: 07/09/2015 10:00:18

Target Achievement in this period

Under Achievement Achievement



11 SUNDERLAND CCG (91.7%)

Comments:

At August all targets are met with the exception of the IAPT access target. It is common for the number of people accessing services and attending appointments to drop during the summer holiday period.

Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	380 ✘	380 ✘

Target Achievement in this period



- 7 ↘ DARLINGTON CCG (87.5%)
- 7 ↘ DURHAM DALES, EASINGTON AND SEDGEFIELD CCG (87.5%)
- 8 NORTH DURHAM CCG (100.0%)
- 7 ↘ HARTLEPOOL AND STOCKTON-ON-TEES CCG (87.5%)
- 8 SOUTH TEES CCG (100.0%)

Comments:

There are a small number of areas of under performance in August which is frequently a result of the care co-ordination function for these patients being held outside of NTW and therefore we have delays in accessing this information .

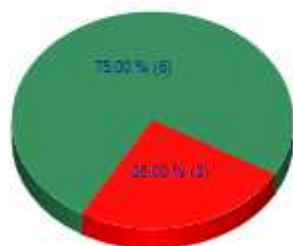
Areas for improvement

Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES, EASINGTON	NORTH DURHAM CCG	HARTLEPOOL AND STOCKTON	SOUTH TEES CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	86.2% ✘	93.8% ✔	97.4% ✔	100.0% ✔	90.0% ✔	94.3% ✔
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✔	91.7% ✘	100.0% ✔	75.0% ✘	100.0% ✔	96.6% ✔

Report Date: 07/09/2015 10:00:16

Target Achievement in this period

■ Under Achievement ■ Achievement



Comments:

In August there were two areas of under performance.

In both cases the underperformance relates to 1 client. The patient that was recorded as a delay has now been discharged.

Areas for improvement

Metric ID	Ref	Metric Name	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	90.9% ✘
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	8.8% ✘